

STATE OF ARIZONA—EMPLOYEE FLU AND PNEUMONIA CONSENT 2008–2009

I have read or have had explained to me the information about the influenza (flu) and/or pneumonia vaccines (check appropriate vaccination(s) to receive below). I have had a chance to ask questions which were answered to my satisfaction. I understand that I should not receive either vaccine if I: **(1) have ever had a serious allergic reaction to eggs or to either vaccine; (2) have a fever, acute respiratory or other active infection or illness; (3) have a history of Guillain-Barre Syndrome (a severe, paralytic illness).** 2008–2009 TRIVALENT VACCINE VIRUS STRAINS ARE: A/BRISBANE/59/2007(H1N1)-LIKE A/BRISBANE/10/2007 (H3N2)-LIKE, AND B/FLORIDA/4/2006-LIKE ANTIGENS. The flu vaccine cannot cause the flu because it uses dead viruses. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals. Most people have no side effects from recent flu shots. About half of those receiving the pneumonia shot have very mild side effects, such as redness and pain at the injection site. Both vaccines (flu and pneumonia) can be given at the same time without increasing side effects. Serious side effects, such as severe allergic reactions, have rarely been reported for either vaccine. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) be given to me or to the person named below for whom I am authorized to make this request. Healthwaves practices in accordance with the HIPAA regulations as pertains to privacy practices and patient confidentiality regarding protected health information.

X

SIGNATURE

DATE

INFORMATION ON PERSON TO RECEIVE VACCINE (PLEASE PRINT)

NAME—LAST, FIRST, MIDDLE INITIAL		EIN	DATE OF BIRTH	AGE	SEX (M/F)
CURRENT HEALTH INSURANCE CARRIER <input type="checkbox"/> Arizona Foundation PPO <input type="checkbox"/> RAN/AMN <input type="checkbox"/> United Health Care EPO or PPO <input type="checkbox"/> Secure Horizons			<input type="checkbox"/> Other: _____		NAME OF PRIMARY INSURED
YOUR STATE AGENCY		DAYTIME PHONE ())		<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent or <input type="checkbox"/> Other: _____	
WORK ADDRESS—STATE AGENCY		CITY		STATE	ZIP

SELECT VACCINE(S)

Healthwaves provides flu shots to children 9 years and older with legal guardian's signature.

☐ **FLU *30**

☐ **PNEUMONIA *45**

*Flu shot FREE to State Employees.
Flu shot also FREE to dependents, spouses, and
retirees with Benefit Options insurance card.*

HEALTHWAVES PERSONNEL ONLY

LOCATION	FLU SHOT		PNEUMONIA SHOT		AMOUNT PAID	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	#	INITIALS
	RN	ARM	RN	ARM	\$			